



**OKDMERP  
SoonerCare Provider Prior Authorization  
Attestation**



I, \_\_\_\_\_ employed by \_\_\_\_\_,  
 SoonerCare Provider # \_\_\_\_\_ attest that the equipment listed  
 below was not available on the OKDMERP website on Date \_\_\_\_\_.

Please accept this attestation along with our Prior Authorization Request for the following equipment for SoonerCare member

Name: \_\_\_\_\_

SoonerCare ID #: \_\_\_\_\_

HCPCS	Description	Unit

Instructions: Include with HCA12A – Prior Authorization Request